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ABSTRACT

In September 1985, the State Board for Vocational Education in Hawaii, in conformance with federal mandates, established technical committees to assess the entry-level employment requirements for a number of occupations. Drawing from an examination of relevant curriculum materials, the Statewide Technical Committee on Health Services developed an inventory of the knowledge, skills, and attitudes that they believed were necessary for successful employment, retention, and advancement as a nurse's aide in Hawaii. The inventory was administered to 34 health professionals from Honolulu acute care hospitals, most of whom were, or had been, supervisors of nurses' aides. The respondents were asked to rate the importance of the various knowledge, skill, and attitude items as either "essential," "important," "desirable," or "not necessary." The resulting weighted inventory, which consisted of a total of 91 criteria grouped in 19 categories, allowed for identification of each item as either "top priority," "high priority," "priority," or "low priority." Highlights of the inventory included the following: (1) the individual criterion receiving the highest rating was "honesty," considered "essential" by 97% of respondents; (2) the category of "safety" had the highest aggregate rating; (3) over 90% of the respondents rated "skill at handling hazardous substances and 'sharps'" and "oxygen therapy" as "essential" skills; (4) over half of the "personal patient care" items, as well as many skills in the "knowledge" category (e.g., "measure pulse"; and "CPR") received "high priority" ratings; and (5) lowest ratings were given to the "life cycle knowledge" category. The weighted inventory is included. (PAA)

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AN INVENTORY OF SKILLS AND KNOWLEDGE NECESSARY FOR A CAREER AS A NURSE'S AIDE

Produced by

Hawaii Statewide Committee on Health Services

August, 1992

State Board for Vocational Education

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Acknowledgments

The members of the Health Services Technical Committee were selected with the assistance of the Vocational Education Coordinating Advisory Council and well-known Human Resources officers in leading hospitals. The members were nominated officially by the, then, Chief Administrative Officer, Dr. Albert Simone.

Those selected and who served on the Statewide Health Services Committee were:

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Deanna Helber of the Occupational Development Section of the Department of Education and Joan Matsukawa of Kapiolani Community College provided materials and information regarding existing curricula in the Nurse's Aide area. Thelma Nip provided information on existing performance testing at the secondary level. There are five revisions of the inventory. The final edit was done by Marilyn McDermott of Castle

Hospital and Carol Keahi-King of Kaiser Hospital. The canvass, data analyses, and technical preparation of this report was done by Dr. William Broadbent of the Office of the State Director for Vocational Education.

Introduction

The Carl Perkins Vocational and Applied Technology Education Act of 1990, PL 101-392 has two major themes. These are "access to training for special populations" and "quality education." This document, as others similar to it, prepared under the auspices of PL 98-524, is primarily designed to satisfy the latter objective. The former objective is primarily addressed in the "Hawaii Annual Performance Report for Vocational Education." In Section 111 (g) of the Perkins Law it is mandated that:

(1) Each State board, in consultation with the State council, shall establish a limited number of technical committees to advise the council and the board on the development of model curricula to address State labor market needs. Technical committees shall develop an inventory of skills that may be used by the State board to define state-of-the art model curricula. Such inventory will provide the type and level of knowledge and skills needed for entry, retention, and advancement in occupational areas taught in the State. The State board shall establish procedures for membership, operation, and duration of such committees consistent with the purposes of this Act. The membership shall be representatives of--

(A) employers from any relevant industry or occupation for which the committee is established

(B) trade or professional organizations representing any relevant occupations

(C) organized labor, where appropriate

It is prudent for everyone to "take stock" of what they do and how they conduct what they do at timely intervals. It was Plato's view that the unexamined life is not worth living. All educators would be well served if they stepped back once every so often to re-examine how they teach and the content of what they teach. This is one of the essential aspects of professionalism.

When teaching a subject that clearly has career and employment implications, it is important to reference what one teaches against that which employers and those with established expertise in the field think is pertinent. Many times educators choose to teach things for reasons not understood by industry but which represent sound educational practice. Good teaching often involves a rationale that is not always obvious immediately to those without training in the instructional methods or curriculum development. However, if there is little or no congruence between the knowledge, skills, and attitudes that employers think are important and what is taught in schools and colleges, something may be amiss.

If the existing curriculum objectives are basically consistent with what industry thinks is important, the instructor has reason to be reassured. However, if there is little or no congruence, the instructor may wish to adjust the content of his or her curriculum.

During the course of annual program evaluations conducted over the last several years, it became very apparent that the students need to feel that what they were learning would be useful, even essential to obtaining and retaining a good job in a complex technical field. "Realistic instruction" was also found to be the highest priority in the 1990 needs assessment. Students need to know and, in fact, want to know that the skills they are mastering are germane to the real world of work.

Teachers do and should always have fundamental control of that what they teach. Shakespeare and such things as fine art do usually not suffer from subjective interpretation. However, when the goal is the acquisition of a skill having occupational implications, more objective and disinterested analysis is necessary. Teachers should

reference what they do against what industry thinks is important. That is what this brief report is all about. The Committee sought to identify the criteria necessary for employment, retention, and advancement in the occupation most popularly referred to as "Nurse's Aide" in Hawaii.

Purpose

In September of 1985, the State Board for Vocational Education in conformance with federal mandates, required that at least two technical committees be made operational each year to assess the entry-level employment requirements of a given occupational area. This requirement was contained in the Federal Rules and Regulations. The technical committees were to update occupational information produced in earlier skill assessment surveys or provide information not available previously. The pending Rules and Regulations for the 1990 amendments would seem to have a similar provision. Eleven areas have already been reviewed and reports of findings printed and distributed. Studies done to date include:

- Accounting
- Automotive Technology
- Child Care
- Computer Programming
- Diversified Agriculture
- Drafting
- Electronics
- Food Service
- Gerontology
- Graphic Arts
- Office Administration and Technology (Secretarial Occupations)

This report as indicated by the title involves the Health Services and, more specifically, the occupation of Nurse's Aide. It is primarily for reference by the curriculum developers in the emerging area of health services area at the secondary level. However, it may have some use for persons at the postsecondary level as well.

Composition of Technical Committee and Background of Those Included in the Validation Sample

Membership on this as previous committees has been drawn from among the most respected representatives in the industry. The great majority of the members of the Technical Committee were selected from the ranks of the principal "nursing recruiters" of the major hospitals on Oahu. Representatives for the two operating agencies and SCOVE also participated. The sample used to validate the inventory was drawn from professionals having major responsibilities for the supervision and evaluation of Nurse's Aides of the major hospitals in Honolulu.

It might be argued that the sample was too small and reflected an Oahu/Honolulu bias. However, all participants drawn from the medical field had unique and special expertise. It might also be noted that about four out of five people in the State of Hawaii live in the greater Honolulu area.

Concerns

This report deals with the requisite knowledge, skills, and attitudes of those involved in the profession of Nurse's Aide. It had initially been assumed that Nurse's Aide's positions were identical. This did not prove to be the case. Some hospitals, clinics, and long-term care institutions actually have a hierarchy of nurse's aides. In some cases, an institution recognizes a three-level tier of nurse's aide or nurse's assistant. The next level is LPN and at the top RN. There are apparently distinctions between the LPN and RN ranks. The profession is more complex than one would have initially believed. The inventory developed in this effort involves what the committee believed to involve the generic characteristics of all Nurse's Aides.

Methods Employed

A review of relevant materials available through the auspices of other states was facilitated by the Western Curriculum Coordinating Center. The Statewide Technical Committee on Health Services with the help of resource staff members from the State Board for Vocational Education, then developed a "template" or "inventory" of the knowledge, skills, and attitudes that they believed were necessary for successful participation in the Nurse's Aide occupational area. Five versions of the inventory were developed and revised. Some redundant items were deleted. Some additional criteria were added and there was a good deal of rewording and reorganization of items. Some of the curriculum guides had emphasized "knowledge" and others "skills." The Hawaii Technical Committee sought to provide a balance in their selection of items. The professionals on the committee then completed the fifth version of the inventory.

They also identified persons in their hospitals or clinics who were responsible for the direct supervision and evaluation of Nurse's Aides. All of the supervisors selected for this exercise graciously cooperated in this validation exercise by completing the inventory assessment forms. The resulting weighted inventory is comparatively succinct and designed to expedite easy perusal (refer to Table 1). The $\bar{X}$ symbol denotes the average or mean score. The data reported are descriptive and non-inferential in nature. As a consequence, they are easy to understand and interpret by anyone willing to take sufficient time to do so.

Other Limitations

Those from industry may not reflect the particular priorities of educators. It is to be remembered that the overwhelming number of participants selected for this academic exercise were nurses. However, they worked at different types of hospitals (e.g., women,

children, crippled children). Often their individual priorities reflect the needs of their particular hospital.

Interpretation

The Nurse's Aide data provided in Table 1 or Inventory may be interpreted using the following guidelines:

Average score of 2.8 or above is considered "top priority"

Average score of 2.4 to 2.7 is considered "high priority"

Average score of 2.0 to 2.3 is considered "priority"

Average score of 1.9 or below is considered "low priority"

Other State Efforts

The resulting inventory proved very similar to a project conducted by the Ohio Department of Education. The Ohio document was not received until the Hawaii project was completed.

Sample

The total number of respondents numbered 34. All had extensive experience and practical knowledge in the health services area. All but two were Registered Nurses. Most had either been or were supervisors of Nurse's Aides. All major Honolulu hospitals, providing "acute care", were included in the sample of respondents. No representatives of "long-term" care institutions were included. It was argued that any Nurse's Aide who can perform acute care services can also provide long-term care services as well. Not all long-term care specialists are comfortable in acute care environments.

The samples selected for the Technical Committee and validation group were highly stratified in terms of professional training and experience. It by no means constitutes a sample selected at random. However, both sexes were represented as were representatives from the various major ethnic groups that make up the demographic profile of Hawaii. As a consequence of the careful participant selection, the relatively small "N" seems to be justified. All respondents completed the assessment forms with the attendance of someone familiar with the form and its preparation.

Summary of Findings

The formal group meetings of the Technical Committee were not attended by all members. The composition of those attending each meeting influenced the priorities expressed. Numerous individual meetings with group members were conducted. Although the inventory underwent numerous revisions, there was still sentiment for further changes when the data collection process began. Nearly everyone saw things just a little bit differently. Often the emphasis on skills training reflected the priorities in terms of hospitals represented on the Technical Committee and validation group.

The organization of the original draft and those of succeeding drafts was changed repeatedly. The resulting inventory contained, herein, is the best compromise that could be reached by the members of the Technical Committee in the time allotted for this purpose. Nineteen categories of skills, knowledge, and attitudes were finally agreed upon by the great majority of the members. Those categories are:

1.0 Communication with Client/Patient

2.0 Observation, Reporting, Documentation

3.0 Life Cycle Knowledge

4.0 Infection Control

5.0 Safety

6.0 Basic Body Functions

7.0 Procedures Related to Proper Skin Care

8.0 Knowledge of Musculoskeletal System

9.0 Knowledge of Gastrointestinal System Disorders

10.0 Nutritional Knowledge

11.0 Knowledge of Cardiorespiratory System Disorders

12.0 Knowledge of Endocrine Disorders

13.0 Knowledge of Urinary System Disorders

14.0 Knowledge of Nervous and Sensory System Disorders

15.0 Knowledge of Reproductive System Disorders

16.0 Care of Patients in Special Settings

17.0 Personal Patient Care

18.0 Miscellaneous Skills

19.0 Attitudes and Other Personal Attributes

In all previous surveys of other occupational groups the section on "Attitudes and Other Personal Attributes" usually has the largest number of criteria with "essential" ratings. This was not the case in this exploratory exercise. Only 50 percent of the items were considered "high priority" using the formula imposed. However, the individual criteria of "honesty" had the highest overall rating of all of the 94 criteria covered in the inventory. Ninety-seven percent gave this criterion the highest rating. Only one respondent did not consider this quality "essential." "Safety" had the highest aggregate assessment. All six criteria or items attained the "high priority" distinction. Over 90 percent of the participants reported "skill at handling hazardous substances and 'sharps'" and "oxygen therapy" to be "essential" skills. "Skills" categories were generally rated higher than those sections dealing with "knowledge." Over half of the "Personal Patient Care" items were considered "high priority" by the respondents. In excess of 90 percent of the participants in the study gave nine of these skills a "high priority" rating. The only

items receiving comparatively low ratings in this area were "nail care," "placing hearing aids" and "eye wear care." The low rating on eye wear care may have been due to a typographical error which evidently was not explained to all parties.

Many of the "knowledge" items in the "cardiorespiratory system disorders" are actually described skills. Those were "measure pulse," "measure respirations," "measure blood pressure," and "CPR." These items all received "high priority" ratings.

The "knowledge" criterion receiving the highest rating was "knowledge of 'universal precaution'." All but one respondent considered this item "essential." The lone holdout felt it was "important."

Lowest ratings were reported in the section described as "Life Cycle Knowledge." Two of the criteria were even considered "low priority." Only 17 percent considered an understanding of concepts of growth and development to be "essential."

The lowest rating "1.8" was recorded in the area of "knowledge of normal functions of each system."

In the various knowledge areas, the item described as "list observations to be reported to the nurse" was usually rated in the area described as "high priority" in the prescribed formula for interpreting mean scores.

Discussion and Recommendations

Many of the nursing professionals consulted appeared to interpret the role of the Nurse's Aide as one that was primarily concerned with maintenance services, basic diagnostic activities and sensitive reporting of changes in the condition of the patient. Less importance was placed on theoretical and factual knowledge of the Aide practitioner.

In the Tech-Prep 2 + 2 curriculum proposed for Hawaii under the provisions of PL 101-392, secondary curricula emphasis is placed on linear growth. For instance, in an area such as health services, provision should be made at the secondary level for the

development of a foundation for advanced work at the two-year college level. Given the logic of this prescribed articulation arrangement, a secondary level program leading to certification as a Nurse's Aide might be a related program at the postsecondary level. Certification as a Licensed Practical Nurse or Registered Nurse at the junior college level might follow. If so, considerable attention needs to be directed to the acquisition of theoretical and factual knowledge in the general health services field at the secondary level. However, to be immediately employable as a Nurse's Aide, the secondary student needs to have achieved proficiency in the skills identified by the Technical Committee on Health Services.

The inventory which follows represents the essence of this document. Some states simply provide their inventory without any attendant narrative. We are in receipt of a recently completed inventory on the occupation of "Nurse's Aide" prepared by the state of Ohio. Not surprisingly, but of some note, is the fact that the criteria identified in Ohio were not dissimilar to those developed in Hawaii. The student can take comfort in the fact that the skills, knowledge, and attitudes necessary for a career in this area do not appear to vary by region.

Nurse Aide

Inventory of Skills, Knowledge and Attitudes

N = 34

	Assessment	(3) Essential H%	(2) Important H%	(1) Desirable H%	(0) Not Necessary H%	Total H%	X
1.0	**Communication With Client/Patient**						
1.1	Verbal	82.3	17.7	0.0	0.0	100.0	2.8
1.2	Non-verbal	58.9	41.1	0.0	0.0	100.0	2.6
1.3	Exhibits sensitivity	73.6	26.4	0.0	0.0	100.0	2.7
1.4	Response to patient call signals	91.1	8.9	0.0	0.0	100.0	2.9
2.0	**Observation, Reporting, Documentation**						
2.1	Ability to discriminate between objective and subjective symptoms	38.2	53.0	8.8	0.0	100.0	2.3
2.2	Observational skills	58.9	32.3	8.8	0.0	100.0	2.5
2.3	Prepare information for supervising nurse and other health care team members	58.9	32.3	8.8	0.0	100.0	2.5
2.4	Understand the legalities of documentation	50.0	41.2	8.8	0.0	100.0	2.4
2.5	Provide input into the patient care plan	32.3	53.0	14.7	0.0	100.0	2.2
2.6	Use correct spelling, grammar and punctuation	32.3	58.9	8.8	0.0	100.0	2.2
2.7	Write legibly	41.2	53.0	5.8	0.0	100.0	2.6
2.8	Use accepted abbreviations	47.0	35.3	14.8	2.9	100.0	2.3

	Assessment	(3) Essential H%	(2) Important H%	(1) Desirable H%	(0) Not Necessary H%	Total H%	X
3.0	**Life Cycle Knowledge**						
3.1	Understand basic needs for life	38.2	58.9	2.9	0.0	100.0	2.4
3.2	Understand concepts of growth and development	17.7	55.8	23.6	2.9	100.0	1.9
	3.21 Young adult (18-40 years)	26.0	47.8	20.4	5.8	100.0	1.9
	3.22 Middle adulthood (40-65 years)	29.5	52.9	14.7	2.9	100.0	2.1
	3.23 Older adult (65-85 plus years)	38.2	50.0	8.9	2.9	100.0	2.2
	3.33 Understand concept of illness	35.2	55.9	8.9	0.0	100.0	2.3
3.4	Ability to provide physical and emotional support to dying patients	41.1	50.0	8.9	0.0	100.0	2.1
4.0	**Infection Control**						
4.1	Knowledge of "universal precautions"	94.2	5.8	0.0	0.0	100.0	2.9
4.2	Knowledge of how micro-organisms are transmitted	35.2	44.3	17.6	2.9	100.0	2.7
4.3	Ability to discriminate between pathogens and non-pathogens	35.3	44.1	17.7	2.9	100.0	2.1
4.4	Identify symptoms of an infection	47.0	32.4	20.6	0.0	100.0	2.3
4.5	Knowledge of asepsis, disinfection and sterilization	55.9	35.2	8.9	0.0	100.0	2.5

	Assessment	(3) Essential H%	(2) Important H%	(1) Desirable H%	(0) Not Necessary H%	Total H%	X
5.0	**Safety**						
5.1	Knowledge of proper body mechanics	88.3	11.7	0.0	0.0	100.0	2.9
5.2	Skill at handling hazardous substances and "sharps"	91.2	8.8	0.0	0.0	100.0	2.9
5.3	Fire prevention techniques	88.3	11.7	0.0	0.0	100.0	2.9
5.4	Evacuation procedures	79.5	20.5	0.0	0.0	100.0	2.8
5.5	Knowledge of safety precautions necessary when oxygen therapy is used	91.2	5.9	2.9	0.0	100.0	2.9
5.6	Maintaining proper safety environment	85.2	14.8	0.0	0.0	100.0	2.9
6.0	**Basic Body Functions**						
6.1	Ability to name and locate on a diagram each body system	29.5	50.0	20.5	0.0	100.0	2.1
6.2	Knowledge of common medical terms related to each system	26.5	58.8	14.7	0.0	100.0	2.1
6.3	Knowledge of normal functions of each system	26.6	55.8	17.6	0.0	100.0	1.8
6.4	Skill at reporting observations to the nurse	82.4	17.6	0.0	0.0	100.0	2.8
7.0	**Procedures Related to Proper Skin Care**						
7.1	Prevention and treatment of decubitus ulcers	55.9	41.2	2.9	0.0	100.0	2.5
7.2	Turning and positioning bedridden patients	94.2	5.8	0.0	0.0	100.0	2.9
7.3	Observation and reporting of abnormal skin conditions	82.4	17.6	0.0	0.0	100.0	2.8

	Assessment	(3) Essential H%	(2) Important H%	(1) Desirable H%	(0) Not Necessary H%	Total H%	X
8.0	**Knowledge of Musculoskeletal System**						
8.1	List observations to be reported to the nurse	67.7	32.3	0.0	0.0	100.0	2.7
9.0	**Knowledge of Gastrointestinal System Disorders**						
9.1	List observations to be reported to the nurse	76.5	20.6	2.9	0.0	100.0	2.7
9.2	Ability to care for the incontinent patient	85.3	14.7	0.0	0.0	100.0	2.9
10.0	**Nutritional Knowledge**						
10.1	Understanding of basic therapeutic diets	20.6	58.8	20.6	0.0	100.0	2.0
11.0	**Knowledge of Cardiorespiratory System Disorders**						
11.1	Knowledge of common terms related to the cardiovascular system	20.7	70.6	5.8	2.9	100.0	2.1
11.2	Knowledge of special considerations to be given to patients with respiratory impairments	38.3	52.9	8.8	0.0	100.0	2.3
11.3	List observations to be reported to the nurse	70.6	29.4	0.0	0.0	100.0	2.7
11.4	Measure pulse	88.2	11.8	0.0	0.0	100.0	2.9
11.5	Measure respirations	91.2	8.8	0.0	0.0	100.0	2.9

	Assessment	(3) Essential H%	(2) Important H%	(1) Desirable H%	(0) Not Necessary H%	Total H%	X
11.6	Measure blood pressure	94.2	5.8	0.0	0.0	100.0	2.9
11.7	Assist patient with deep breathing and coughing	67.8	29.3	2.9	0.0	100.0	2.6
11.8	Apply antiembolism stockings	58.9	35.3	5.8	0.0	100.0	2.5
11.9	Assist with the oxygen therapy	47.0	44.2	8.8	0.0	100.0	2.4
11.10	Give CPR	82.4	17.6	0.0	0.0	100.0	2.8
12.0	**Knowledge of Endocrine Disorders**						
12.1	List observation to be reported to the nurse	53.0	44.2	0.0	2.8	100.0	2.5
12.2	Collect urine specimen	76.5	23.5	0.0	0.0	100.0	2.8
12.3	Perform urine testing (e.g., clinitest, clinistix, ketostix, acetest, test-tape)	50.0	44.4	2.8	2.8	100.0	2.4
13.0	**Knowledge of Urinary System Disorders**						
13.1	List observations to be reported to the nurse	73.7	23.5	2.8	0.0	100.0	2.7
13.2	Catheter care	61.9	35.3	2.8	0.0	100.0	2.6
13.3	Ability to care for the incontinent patient	88.3	11.7	0.0	0.0	100.0	2.9

Assessment	(3) Essential H%	(2) Important H%	(1) Desirable H%	(0) Not Necessary H%	Total H%	X
14.0 Knowledge of Nervous and Sensory System Disorders						
14.1 List observations to be reported to the nurse	58.9	38.3	2.8	0.0	100.0	2.6
15.0 Knowledge of Reproductive System Disorders						
15.1 List observations to be reported to the nurse	53.0	44.3	2.8	0.0	100.0	2.5
15.2 Administer perennial care	70.6	29.4	0.0	0.0	100.0	2.7
16.0 Care of Patients in Special Settings						
16.1 Care for pediatric patients	41.3	32.3	14.7	11.7	100.0	2.0
16.2 Care for the geriatric patients	73.7	17.7	5.8	2.8	100.0	2.6
17.0 Personal Patient Care						
17.1 Obtaining body temperatures	91.4	5.8	2.8	0.0	100.0	2.9
17.2 Taking a patient's weight	85.3	14.7	0.0	0.0	100.0	2.9
17.3 Bathing a patient partial/complete	61.8	32.4	5.8	0.0	100.0	2.6
17.4 Shaving and removal of facial hair	91.2	8.8	0.0	0.0	100.0	2.9
17.5 Personal grooming skills	64.9	23.4	11.7	0.0	100.0	2.5
17.6 Preventive skin care	73.8	26.2	0.0	0.0	100.0	2.7
17.7 Nail care	64.9	29.3	5.8	0.0	100.0	2.6
17.8 Oral hygiene/dental care	97.2	2.8	0.0	0.0	100.0	2.9

Assessment	(3) Essential H%	(2) Important H%	(1) Desirable H%	(0) Not Necessary H%	Total H%	X
17.9 Place hearing aids	97.2	2.8	0.0	0.0	100.0	2.9
17.10 Eye wear care	94.2	5.8	0.0	0.0	100.0	2.9
17.11 Feeding or assisting with the feeding of patients	70.6	29.4	0.0	0.0	100.0	2.7
17.12 Assisting in meeting the elimination needs of patients	91.2	8.8	0.0	0.0	100.0	2.9
17.13 Assisting with joint motion exercises	94.2	5.8	0.0	0.0	100.0	2.9
17.14 Transferring, ambulating and transporting patients	59.0	32.4	5.8	2.8	100.0	2.5
17.15 Postmortem procedures	85.3	14.7	0.0	0.0	100.0	2.9
17.16 Assisting patients with ambulatory aids	50.0	44.2	5.8	0.0	100.0	2.4
17.17 Applying restraints	38.4	41.2	17.6	2.8	100.0	2.5
18.0 Miscellaneous Skills						
18.1 Describe surroundings to blind client	76.5	23.5	0.0	0.0	100.0	2.8
18.2 Assisting with admission, transfer and discharge of patients	67.8	26.4	5.8	0.0	100.0	2.6
19.0 Attitudes and Other Personal Attributes						
19.1 Dependability	85.3	14.7	0.0	0.0	100.0	2.9
19.2 Adaptability	76.5	23.5	0.0	0.0	100.0	2.8
19.3 Motivated	67.8	26.4	5.8	0.0	100.0	2.6
19.4 Team player	76.6	20.6	0.0	2.8	100.0	2.7
19.5 Self-starter	53.0	35.4	8.8	2.8	100.0	2.4

	Assessment	(3) Essential H%	(2) Important H%	(1) Desirable H%	(0) Not Necessary H%	Total H%	X
19.6	Pride in work	70.7	26.5	0.0	2.8	100.0	2.6
19.7	Honesty	97.2	2.8	0.0	0.0	100.0	2.9
19.8	Eager to learn	76.5	23.5	0.0	0.0	100.0	2.8
19.9	Enthusiastic	61.9	32.5	2.8	2.8	100.0	2.9
19.10	Demonstrates an awareness of patient's rights	82.5	14.7	0.0	2.8	100.0	2.8